

Catawba County Needlestick and Sharp Object Injury Report

Last Name _____ First Name: _____

Employee ID: _____ Privacy Case #: _____

1) Date of Injury: _____ 2) Time of Injury: _____

3) Location/Department where incident occurred: _____

4) Department/Facility: _____

5) What is the job category of the injured worker?

6) Where did the injury occur? (i.e. back of ambulance)

7) Was the source patient identifiable? (Check one box only)

☐ Yes ☐ No ☐ Unknown ☐ Not Applicable

8) Was the injured worker the original use of the sharp object? (Check one box only)

☐ Yes ☐ No ☐ Unknown ☐ Not Applicable

9) The sharp item was: (Check one box only)

☐ Contaminated (known exposure to patient or contaminated equipment)
☐ Uncontaminated (no known exposure to patient or contaminated equipment)
☐ Unknown

Was there blood on the device? ☐ Yes ☐ No

10) For what purpose was the sharp item originally used? (i.e. to draw blood, illegal drug use, injection)

If used to draw blood, was it... ☐ Direct stick? ☐ Draw from a line

11) Did the injury occur? ☐ Before ☐ During ☐ After procedure ☐ Other
Describe: _____

12) What type of device caused the injury? (Check one box only)

☐ Needle ☐ Surgical ☐ Glass ☐ Other (Identify:) _____

Which device caused the injury?

Needles Type _____ Gauge: _____

Surgical Instrument or other sharp item: (lancet, razor)

Type _____ Size: _____

Glass Type: _____ Size: _____

12a) Brand/Manufacturer of product: (e.g. ABC Medical Company) _____

12b) Model:

☐ Please Specify: _____ ☐ Unknown _____

13) If the item causing the injury was a needle or sharp medical device, was it a “Safety Design” with a shielded, recessed, retractable or blunted needle or blade?

☐ Yes ☐ No ☐ Unknown

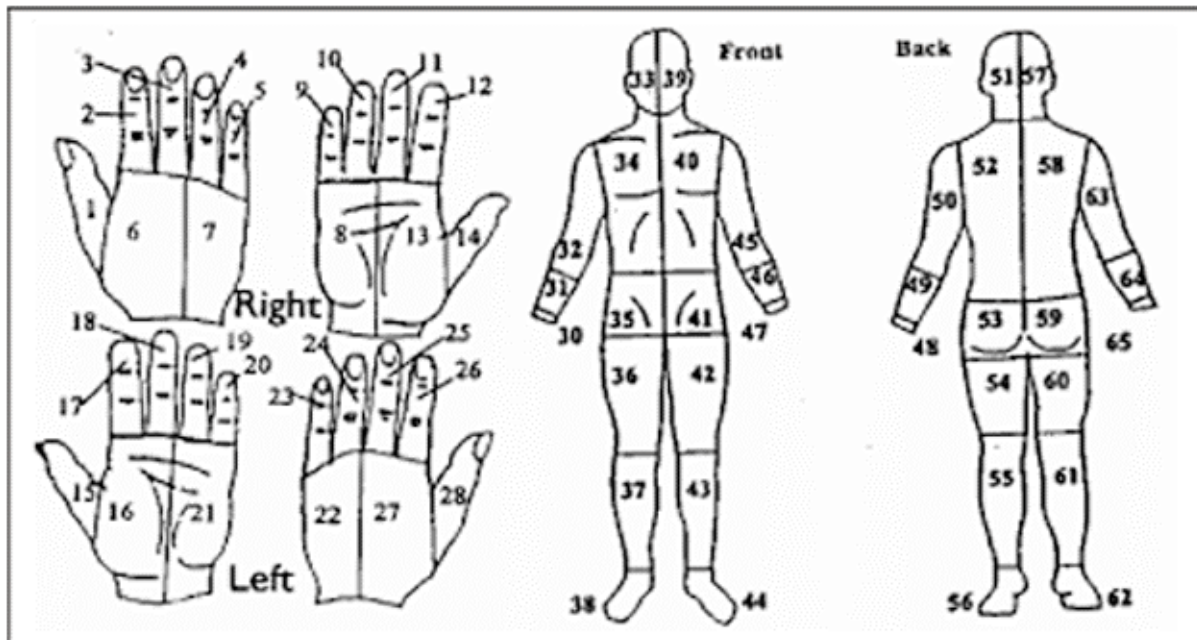
13a) Was the protective mechanism activated?

☐ Yes, fully ☐ Yes, partially ☐ No ☐ Unknown

13b) When did exposure incident happen?

☐ Before Activation ☐ During activation ☐ After activation ☐ Unknown

14) Mark the Location of the Injury



15) Was the injury...

- ☐ Superficial (little or no bleeding)
- ☐ Moderate (skin punctured, some bleeding)
- ☐ Severe (deep stick/cut, or profuse bleeding)

16) If the injury was to the hand, did the sharp item penetrate?

- ☐ Single pair of gloves
- ☐ Double pair of gloves
- ☐ No gloves

- 17) **Describe the circumstances leading to this injury** (*Please note if a device malfunction was involved*):

- 18) **For injured healthcare worker: If the sharp had no integral safety feature, do you have an opinion that such a feature could have prevented the injury?**
☐ Yes ☐ No ☐ Unknown
Describe: _____

- 19) **For injured healthcare worker: Do you have an opinion that any other engineering control, administrative or work practice could have prevented the injury?**
☐ Yes ☐ No ☐ Unknown
Describe: _____

- 20) **Is this incident OSHA reportable?** ☐ Yes ☐ No ☐ Unknown
If yes, days away from work _____ Days of restricted work activity _____
- 21) **Has this incident been recorded on OSHA 300 Log?** ☐ Yes ☐ No
Date: _____ By: _____
- 22) **Has this incident been recorded on Needlestick/Sharp Log?** ☐ Yes ☐ No
Date: _____ By: _____
- 23) **Does this incident meet the FDA medical device reporting criteria?** (Yes if a device defect cause serious injury necessitating medical or surgical; intervention, or death occurred within 10 working days of incident.)
☐ Yes (If yes, follow FDA reporting protocol.) ☐ No